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Substitute for form 1449/PTO  <h1>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</h1>  <i>(Use as many sheets as necessary)</i>				<b>Complete if Known</b>	
				Application Number	10/534,799-Conf. #8682
				Filing Date	November 21, 2005
				First Named Inventor	Yoshikazu YOSHIDA
				Art Unit	1797
				Examiner Name	B. J. Sines
				Attorney Docket Number	0234-0487PUS1
Sheet	1	of	1		

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Examiner Signature	Date Considered
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

*[Handwritten signature]*